## State of South Dakota

Appendix B

## Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070

S.D. SEC. OF STATE

500 E Capitol Ave., Pierre, SD 57501-5070
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee EDN (HAVGING ELL SR.
Complete Mailing Address P.O. Box 1297 MISSIDA, SD. 57555
Name of Person Making Report (1) (Harging Ed. C. Daytime Phone Number 605-747-517)
If you are a candidate, what office are you seeking? SEWATE DIST. 27
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book)
For Reporting Period Ending (See pages 4 & 5 of Guideline Book)
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I End that ging ELES (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.
Date: August 9, 2004  Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001  Filed this day of
Charles of

Name of Candidate or Committee Enn (HAVQING ELF	
For the reporting period ending Aug. 09, 2004	

## Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Indi	viduals:		*\$ <u>-0 -</u>
Itemized Contributions from Individ	luals		
Name	Residence Address	Place of Employment (Name of Employer)	
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	<del>.</del>		\$
	11 11 11 11 11 11 11 11 11 11 11 11 11		\$
			\$
	111		\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	1. T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		\$
			\$
	····		\$
Total of Itemized Contributions from	m Individuals:		*\$ == 0 =

Name of Candidate or Committee	EDD CHARGING	
For the reporting period ending	Aug 89. 2009	·

## Schedule A – Direct Contributions (continued)

· Y		
Unitemized Contributions from Political Parties:		*\$
Itemized Contributions from Political Parties		
Party Name	Address	
rarry Name	Audress	1 .
		\$
A		
•		
		\$
Total of Itemized Contributions from Political Part	ies:	*\$_0_
Itemized Contributions from Political Action Comm	nittees (PAC's) - All contributions from PAC's must Address	be itemized.
TAC Name	Address	1 6
		\$
		\$
		\$
	<u> </u>	\$
		\$
		\$
		1 s
· · · · · · · · · · · · · · · · · · ·		· ·
		1 ¢
		<b>3</b> ———
		\$
		\$ <u> </u>
		\$
		\$
		\$
		\$
		\$
	***************************************	\$
	,	<b>3</b>
		3
		<b>\$</b>
		\$
		\$
		\$
		\$
		\$
Total of Itemized Contributions from Political Acti	on Committees:	+\$
The state of the s	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·
Total of All Direct Contributions (Sum of all lines	with an *)	sO

Name of Candidate or Committee: 2	EDD (Harance Else	Appendix
For the reporting period ending:	1	
List on this schedule fund-raising events held to	e B - Fund-Raising Events Proceeds o raise money for the candidate and the net proceeds de ibution results in their aggregate being more than \$100	
Type or Name of Event		Net Proceeds
NO FUND	Kaising troppeds	>
Total:		
	edule C - In Kind Contributions ervices and the estimated fair market value. If the value ployment must be reported.	e exceeds \$100, the name of the
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
		Estimated value
	Y-KIND	
	Y-KIND	
Total:	V-KIND	
	Schedule D - Other Income t earned or other income which is not a direct contribut	
Use this schedule to report any refunds, interest	Schedule D - Other Income	
Use this schedule to report any refunds, interest	Schedule D - Other Income t earned or other income which is not a direct contribut	ion.

Schedule E - Expenditures  This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually a consulting expenses.    Expenses	For the reporting	period ending:	Jug 09, 2004			
Expenses  Expenses  Contributions Made to Candidates and Committees  Name of Candidate or Committee  Amount  Advertising  Consulting  Postage  Printing  Rent  Salaries  Telephone  Travel  Utilities  List other expense  List other expense  Contributions Made to Candidates and Committees  Amount  Amount  Amount  Amount  Amount  Amount  Amount  Company  Amount  Amount  Consulting  Consultin			Schedule E – Expenditures			
Advertising Consulting Postage Printing Rent Salaries Freephone Travel Utilities List other expense  Name of Candidate or Committee  Amount  Name of Candidate or Committee  Amount  A	This schedule is to repexpenses. All other ex	oort all expenditures relat expenses should be listed.	ing to a candidate's campaign. Line items have been provided All contributions to candidates and committees must be li	for reporting com sted individually.		
Advertising Consulting Postage Printing Rent Salaries Travel Utilities List other expense  List other expense  ADD ADT COMPONDY  ADD COMPONDY		1	t e e e e e e e e e e e e e e e e e e e			
Consulting Postage Printing Rent Salaries Telephone Travel Utilities List other expense List other expense		Amount		Amount		
Postage Printing Rent Salaries Celephone Cravel Utilities List other expense List other expense	•	10/17	1)DND CAMPAIGN			
Printing Rent Salaries Felephone Fravel Utilities List other expense List other expense	<del>-</del>	N/ F				
Rent Salaries W/A Selephone Travel Utilities List other expense List other expense	<del>-</del>	N/71	A ALL'			
Salaries  Felephone  Fravel  Utilities  List other expense  List other expense	-	NIT	`			
Telephone  Travel  Utilities  List other expense  List other expense		NIT				
Travel  Utilities  List other expense  List other expense		NIA				
Jtilities // / / / / / / / / / / / / / / / / /	<del>-</del>	N/ /				
List other expense tems below  List other expense amounts below  List othe		MA				
			NO EXPENSES			
			PECAPEUSES			
				· · · · · · · · · · · · · · · · · · ·		
				H. C.		
	·					
	, <u>, , , , , , , , , , , , , , , , , , </u>	**				
	· · · · · · · · · · · · · · · · · · ·					
				<u> </u>		
ı i i i i i i i i i i i i i i i i i i i				Ť		

**Total Expenditures:** 

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a serven has been contracted but not billed, estimate the amount of the obligation.			
wed to: ,	Purpose:		Amount
MA	Did Not	Campaign	47-0-
	4//.		
		<del>-</del>	
	<del></del>		
		·	
		4	
		<del></del>	
	<del></del>		
	· · · · · · · · · · · · · · · · · · ·		
		<del></del>	
<u> </u>			
			<del></del>
			j i

Name of Candidate or Committee: EDD (HA CAINA ELL SR.

For the reporting period ending:

Name of Candidate or Committee: LDB HArging Fit St.			
For the reporting period ending: Aug 09, 2004			
		Summary Page	
	s summary sheet will give a brief outline of all camp in the schedules previously completed.	paign finance activity during this reporting period. Pl	ease transfer all totals
1.	Amount on hand, if any, at the beginning	of the reporting period:	\$
2.	Receipts		
	Schedule A - Direct Contributions	\$	
	Schedule B - Fund-Raising Events	\$ <u> </u>	
	Schedule C - In Kind Contributions	\$ - 0 -	
	Schedule D - Other Income	\$	*
	Total of all Receipts	\$	
3.	Total Monetary Receipts (A+B+D)		\$
4.	Candidate's Personal Contribution to Own	n Campaign	\$
5.	Monetary Loans to Candidate or Committee	tee During Reporting Period	<u>\$_0</u>
6.	Monetary Loans Repaid During Reporting	g Period	\$-0-
7.	Expenditures - Schedule E		\$
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this report. This should equal lines (1+3+4+5) – (6+7)	ting period. *	\$ -0 -
_	DEAN SECRETARY	of STATE ATTORNY	JEN. J.
	Mu Son Edd Ja	who was gravely	,11 +kom
,	April 10, 2004 A	and finally passed	AWZY DN
7	JUNE 6 2004.	- Sin the in	JANVIENOUR
-	I want to Apol	gall Larry Long to	or me and
	I have careel.	request	
	tell I mot mis	ogize for the in Call Larry Long to request.	
	nan 2		
	and se.		

		ē	9	• 14.
		**		
*				
	#			
•		÷		
		÷		
•				
	**			